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16711 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Percy Greenberg

Serial No.: N/A

Examiner: N/A

Filing Date: N/A

Group Art Unit: N/A

For: SIMULATED PATINA FOR COPPER

Docket No.: 55404/118/101

21909 U.S. PTO
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07/17/03

TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of :EV 332 554 168 US, in an envelope address to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 17th day of July, 2003

By Laurie E. Gentrup
Laurie E. Gentrup

We are transmitting herewith the attached Patent Application including the following:

[XXXX] 8 sheet(s) of specification.

[XXXX] 4 sheet(s) of claim(s).

[XXXX] 1 sheet(s) of Abstract.

[XXXX] 1 sheet(s) of formal/informal drawings.

[XXXX] Executed Declaration and Power of Attorney.

[XXXX] Applicant claims small entity status under 37 CFR § 1.27.

[XXXX] An Assignment of the invention to Crown-PN L.L.C. is being filed contemporaneous with this patent application.

[] A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$375		\$750
TOTAL CLAIMS	18-20 =	0	x9=	\$	x18=	\$0
INDEPENDENT CLAIMS	1-3 =	0	x42=	\$	x84=	\$0
() MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$	+280=	\$0
TOTAL			\$375.00		\$	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[XXXX] Other Recordation Form Cover Sheet Patents Only and Postcard.

[XXXX] Checks in the amount of \$ 375.00 & \$40.00 are enclosed.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account 14-0620.

By: Wayne A. Sivertson
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